The Effects of Social Stratification Factors upon the Elderly’s Health in Japan

1. Introduction
Aging corresponds with a decline in health. For that reason, it is more important for the oldest of the elderly to keep a good health condition.

Several studies have been made on the relationship between social stratification factors and health, especially focusing on the oldest of the elderly (over 75 years old). There are two theoretical hypotheses that are examined in the studies:

1) The people who live to be over 75 years old have biological predominance, so biological conditions are more important determinant factors of health than sociological and psychological ones (Bowling and Browne, 1991). Therefore the social stratification factors have no relevance to the health of the oldest of the elderly.

2) Since aging corresponds with a decline in health (immunity and organs’ function) or accumulation of critical factors, and weak from the biological point of view. Therefore the oldest of the elderly are affected by sociological and psychological factors more seriously than the young who have much better health conditions (House, Kessler, Herzog et al, 1990). As a result the social stratification factors have differential effects the oldest of the elderly’s health.

With these theoretical backgrounds I will examine not only the impact of social stratification factors on health condition, but also on health behavior of the Japanese oldest of the elderly.

2. Methods
The data used in this analysis is the Asset and Health Dynamics among the Oldest Old (AHEAD) survey data. Variables used in the analysis are as follows: Income and educational levels are used for the index of social stratification factor; Chronic disease, activities of daily living (ADL), dementia, and depression are used for the index of health condition; Smoking, drinking, and exercises are used for the index of health behavior.

3. Results
According to the results, higher income has positive effects on depression and lower ADL among women. As for the educational level, its positive effect on depression is confirmed only among men.

As for the relation between the health behavior and the social stratification factors, income has a strong connection with drinking among men, similarly, so does the educational level with the exercises.
Conclusion
Although we should not overlook the fact of the possibility that the elderly with dementia or lower ADL may have been excluded from this data, we get an intriguing finding. That is, The elderly men with high income and high educational level have a strong tendency to suffer depression. In conclusion, high social status is not necessarily related to a good health condition. We need to consider the implication of the ‘money’ or ‘education’ in our life.

References